

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38143**

BIRTH NO. _____		REG. DIST. NO. 300	PRIMARY REG. DIST. NO. 6029	Registrar's No. 20
1. PLACE OF DEATH a. COUNTY Reynolds			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Logan Life		c. LENGTH OF STAY (In this place) Life		
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Rural d. STREET ADDRESS (If rural, give location) Ellington, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Crony		4. DATE OF DEATH (Month) (Day) (Year) 11-3-50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-26-1885	9. AGE (In years last birthday) 64 10. BIRTHPLACE (State or foreign country) Reynolds Co. Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME James W. Crony		13b. MOTHER'S MAIDEN NAME Evelyn Parsons		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Clarence Crony ADDRESS Ell. Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Caring Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 4201		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov 3, 1950 , to Nov 3, 1950 , that I last saw the deceased alive on Wed not , 19____, and that death occurred at 5 A: m., from the causes and on the date stated above.				
23a. SIGNATURE Kenneth T. Carter MD		23b. ADDRESS Ellington, Mo.		23c. DATE SIGNED 11-4-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-5-50		24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery 24d. LOCATION (City, town, or county) (State) Ellington, Mo.
DATE REC'D BY LOCAL REG. Nov 17-50		REGISTRAR'S SIGNATURE Essie Evans		25. FUNERAL DIRECTOR'S SIGNATURE Phil A. Laukel ADDRESS Van Buren, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 22 1950

DISTRICT HEALTH OFFICE No. C

Reg No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 11-3-50

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Leuchel
2936

Licensed Embalmer No.

P. O. Address Von Buren Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.